

## City Sidewalk / Drive Approach

Address	Project Address:			
Address	Applicant is: ☐ Property Owner ☐ Cor	ntractor	□ Other	
Contractor	Applicant	E-mail		
Is this proposed work for replacement of an existing sidewalk and/or drive approach?	Address		Day Phone #	
*May we email your building permit?*				
*May we email your building permit?*	Address		Day Phone #	
Is this proposed work for replacement of an existing sidewalk and/or drive approach?				
Sidewalk (outside of drive approach) Dimensions: Length	☐ Residential Project ☐ Nor	า-residential Project		
Drive Approach Dimensions:  Length:	Is this proposed work for replacement of a	an existing sidewalk and/or drive appr	oach? □ Yes □ No	
Drive Approach Dimensions:  Length:	Project Description:			
Width at Street Curb:	☐ Sidewalk (outside of drive approac	h) Dimensions: Length	ft. Widthft	
Width at Sidewalk:	☐ Drive Approach Dimensions:	☐ Drive Approach Dimensions: Length:ft. (curb to sidewalk)		
Sidewalk Length Within Drive Approach:ft.  Sidewalk Width Within Drive Approach:ft.  Inspections: Before the concrete is poured the completed formwork shall be made accessible to the Community Planning & Building Department for their inspection for compliance with the city standard specifications. Call in inspection request at least twenty-four hours in advance.  I hereby certify that I have read and examined this application and know the information I provided to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local laws regulating construction of the performance of construction.  Signature of Applicant		Width at Street Curb:	ft.	
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Printed Name  PLEASE ALLOW A MINIMUM OF 5 WORKING DAYS FOR PERMIT APPLICATION REVIEW  Date received Permit Fee \$ Office Use Only	provisions of laws and ordinances governi a permit does not presume to give author	ing this type of work will be complied virty to violate or cancel the provisions c	with whether specified herein or not. The granting of	
PLEASE ALLOW A MINIMUM OF 5 WORKING DAYS FOR PERMIT APPLICATION REVIEW  Date received Permit Fee \$ Office Use Only	Signature of Applicant		Date	
Date received Permit Fee \$ Office Use Only	Printed Name			
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	Date respired	Darmit Eaa \$	Office Use Only	
M. Ammarral Matification Data. Valuation V				